PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 10 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000056654

1. Corporation Name FAIRCOUNT ENTERPRISES, INC

000014415260
03/20/03--01067--009 **315.00

2. Principal Office Address	3. Mailing Office Address
	2701 N. ROCKY POINT DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. 220
City & State	City & State TAMPA, FL
Zip / Country	Zip 33607 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/1/00

5. FEI Number 59-373-1425 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ROSS JOBSON

Street Address (P.O. Box Number is Not Acceptable): 2701 N. ROCKY POINT DR

Suite, Apt. #, Etc.: 220

City: TAMPA | State: FL | Zip Code: 33607

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 1/22/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	ROSS JOBSON	2701 N. Rocky Point Dr. #220	TAMPA, FL 33607

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ ROSS JOBSON 1/22/03 813 639 1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERTS, SEWARD & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
AND REGISTERED INVESTMENT ADVISORS
505 EAST JACKSON STREET
SUITE 202
TAMPA, FLORIDA 33602

RICHARD A. ROBERTS, C.P.A.
JOHN D. SEWARD, C.P.A.

TELEPHONE: 813-225-1040
FAX: 813-221-3135

February 27, 2003

Florida Department of State
Secretary of State
Division of Corporations
Tallahassee, Fl. 32314
ATTENTION: Michelle Milligan

Re: Faircount Enterprises, Inc.
EIN: 59-3731425

Dear Michelle:

As discussed per our February 27, 2003 telephone conversation, the above-referenced taxpayer did not receive the annual uniform business report for the current tax year or any letters requesting payment. Enclosed please find a check for $315 (amount you indicated as due and a corporation reinstatement form. If you have any questions, please do not hesitate to give me a call.

Best regards,

John D. Seward